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1001 WEST FO			trans	mitted to the USPTO (57)	1) 273-2885, on the d	late indicated below.	
WINSTON-SAL	EM, NC 27101					(Depositor's name)	
	•					(Signature)	
•						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/657,145	09/09/2003		David Alexander		MR-IMD0002D	1899	
ITTLE OF INVENTION: INTERFACE DEVICE AND METHOD FOR INTERFACING INSTRUMENTS TO MEDICAL PROCEDURE SIMULATION SYSTEMS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/26/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
musselman, timothy a		3715	434-350000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Kilpatrick Stocktor				
Change of corresp	ondence address (or Che	ange of Correspondence	or agents OR, alternatively,				
Address form PTO/SB/122) steached. ☐ "Fee Address" indication for "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the putent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSI			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Immers	si.on Corpora	ation	San Jos	San Jose, California			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🛄 Government							
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XX Publication Fee (No small entity discount permitted) XX Payment by eredit card. Form PTO-2038 is attached.							
Advance Order - # of Copies The Director is hereby authorized to charge the tequionization, any deficiency, or credit any overpayment, to Deposit Account Number							
5. Change in Entity Status (from status indicated above) \[\begin{align*}							
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interest as shown by the	records of the United Si	Palent and Trademar	k Office.		1		
Authorized Signature			Date 4/23/200				
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